

Idaho Work Verification Plan September 2006

Revised after Further Guidance and Comments, June 2007

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OVERVIEW

In Idaho the TANF cash assistance program is known as Temporary Assistance for Families in Idaho (TAFI). The goals of TAFI are jobs for participants and support for both personal and family responsibility. This focus requires more than government alone can or should provide. This program requires relationships where participants, families, local communities and employers work together to help participants obtain employment and achieve self-reliance.

TAFI:

- Has a 24-month lifetime limit (with some extensions for hardship),
- Pays \$309 per month regardless of household size,
- · Imposes full family sanction,
- Requires all participants to participate in something (including federally countable or other activities),
- Includes alcohol and substance abuse screening,
- Is available only to 'needy' families with children,
- A family is "needy" if the household's countable income is below 32% of current federal poverty level,
- In addition to the \$309 per month, supportive service funds are available to assist participants to find or retain work,
- · Provides enhanced work services to families receiving cash assistance, and
- Two-parent families receive all TAFI services through a separate state-funded program that is not counted as MOE.

DEFINITIONS

PARTICIPANT – An individual who applies or receives benefits in Idaho from the Department of Health and Welfare.

EWS (Enhanced Work Services) – Contracted employment and training services designed to help TAFI cash mandatory work participants gain work skills, education and experience to locate and maintain employment. Four contractors provide these services in Idaho.

PRC (Personal Responsibility Contract) -- A negotiated agreement between the applicant and the case worker. It serves as clear guidance to the participant outlining their responsibilities and expectations for participation. It can be modified jointly by the participant and the Department when necessary.

WOPR (Work Opportunity Participation Report) – A report showing the number of TAFI recipients, the type of family (one or two parent), the hours they have participated in a specified set of work activities, and whether they passed or failed the required minimum number of work hours for a month.

EPICS (Eligibility Program Integrated Computer System) -- Automated system that processes Idaho's benefit eligibility and all related reporting data).

MW (Mandatory Work) – It is a code in EPICS that identifies all individuals who are mandatory to participate in Enhanced Work Services activities.

TAFI (Temporary Assistance for Families in Idaho) -- A time limited (24 months lifetime) temporary cash assistance program for eligible families who demonstrate efforts towards self-reliance. TAFI is also cash assistance for children who live with a caretaker relative that is not a parent; this assistance is not time limited. All adult household members, including children ages 16 -18 who are not attending school, who receive TAFI are required to participate in work activities.

NO MOE SSFP – A Separate State-Funded Program that is not being counted towards Maintenance of Effort funds. In Idaho, this will be a program for Two Parent Families.

CERM (**C**ONTRACTS **E**XTERNAL **R**ESOURCE **M**ANAGEMENT **T**EAM) – A Department contract and external management team that monitors all work and training contracts for compliance and performance standards.

QST (Quality Support Team) – A group of individuals who conduct quality assurance case reviews and provide policy clarification for staff.

TANF 199 REPORT – Fills the function of TANF data reporting for the State of Idaho.

SRS (**S**ELF **R**ELIANCE **S**PECIALIST) – A State case manager who conducts eligibility determination for benefit programs such as Food Stamps, TAFI, Medicaid and AABD.

I. COUNTABLE WORK ACTIVITIES:

A. Unsubsidized Employment:

- 1. In Idaho unsubsidized employment means full or part-time employment in the public or private sector that is not subsidized by TANF or any other public program.
- 2. The State counts each hour worked for an employer as an hour of participation and hours of paid leave they may take in the form of vacation or holidays allowed by the employer. For self-employment, the state counts the individual's self-employment income (gross income less business expenses) divided by the Federal minimum wage to come up with the number of hours.
- 3. Hours of employment are verified by employer verification, wage stubs, signed timesheets (Attachment A). The self employed individual completes a self-employment verification form when reporting self employment income (Attachment B). Eligibility is determined by deducting business expenses from gross profits and using the net income. The number of countable hours is determined by using the same net income divided by the federal minimum wage. We also require the self-employed individual to provide a list of individuals served. A spot check is conducted monthly by the contractor to provide confirmation that goods or service was delivered. This spot check will consist of a list of randomly selected customers which will give us a 90% degree of statistical confidence. Hours of employment will not be projected forward and documentation of hours of work is retained in each individual case record for at least 3 years.
- 4. Employers provide daily supervision.

B. Subsidized Private Sector Employment:

- 1. In Idaho subsidized private sector employment means employment in the private sector for which the employer receives a subsidy from other public funds to offset some or all of the wages and costs of employing a recipient. The only example of this type of employment in Idaho would be funded through Workforce Investment Act funds. This program provides short term placements and pays prevailing wages. A specific skill is acquired during the subsidized employment and unpaid classroom training is a required component of the subsidized placement.
- 2. Employment hours are reported as subsidized employment and unpaid classroom training are reported under the appropriate educational activity.
- Verification procedures are the same as unsubsidized employment. Hours of employment will not be projected forward and documentation of hours of work is retained in each individual case record for at least 3 years.
- 4. Employers provide daily supervision.

C. Subsidized Public Sector Employment:

In Idaho subsidized public sector employment means employment in the public sector for which
the employer receives a subsidy from other public funds to offset some or all of the wages and
costs of employing a recipient. An example of such an employment situation would be community
colleges providing work study to an individual who is taking vo-tech classes or Work Force
Investment Act funded subsidized employment. The Work Force Investment Act funded

employment is usually 20 hours a week and pays minimum wage. The purpose of this subsidized employment is to allow the individual to develop work maturity skills which would enhance their ability to find unsubsidized employment

- 2. Hours are counted the same as unsubsidized employment.
- Verification procedures are the same as unsubsidized employment. Hours of employment will not be projected forward and documentation of hours of work is retained in each individual case record for at least 3 years.
- 4. Employers provide daily supervision.

D. Work Experience:

- 1. Work experience in Idaho is unpaid, short-term, pre-employment work through which the individual gains work experience based on a skills assessment. It also includes work experience through another agency's program, such as vocational rehabilitation or probation and parole, which is not community service. Work experience will provide an opportunity to improve the employability of those who cannot find unsubsidized employment through general skills, training, knowledge and work habits necessary to obtain employment.
- 2. An individual participating in Work Experience is considered to be an "employee" under the Fair Labor Standards Act (FLSA) and must be compensated at the applicable minimum wage. An individual's work experience hours are calculated by dividing the TAFI benefit and the value of Food Stamps received by the Federal Minimum wage. The State has been operating a Simplified Food Stamp Program for TANF recipients this allows us to combine the value of TANF and food stamp benefits to determine the maximum number of hours the individual is able to participate in work experience.
- 3. Time sheets signed by the work experience site supervisor verifying participation will be submitted weekly and maintained in the case record for least 3 years. The State counts each hour worked as an hour of participation.
- 4. This activity will be supervised by an employer, work site sponsor, or other responsible party on an ongoing basis no less frequently than daily. A signed Memorandum of Agreement (Attachment C) between the Department and the work site provides guidance and defines the responsibilities of the work site while allowing the individual time to attend class, job interviews, and seek employment. These activities will not be counted as work experience but may be counted under other activities.

E. On-the-Job-Training (OJT):

- 1. In Idaho, OJT means training in the public or private sector given to a paid employee while he is engaged in productive work and provides knowledge and skills essential to the full and adequate performance on the job. Theoretically, Work Force Investment Act funding supports OJT activities in Idaho. To date, we have never accessed these funds. If we were to develop this activity in the future, training plans will be part of the activity.
- 2. Hours would be counted the same as unsubsidized employment.

- 3. Verification procedures would be the same as unsubsidized employment. Hours of employment will not be projected forward and documentation of hours of activity will be retained in each individual case record for at least 3 years.
- 4. This activity will be supervised by an employer, work site sponsor, or other responsible party on an ongoing basis no less frequently than daily.

F. Job Search and Job Readiness Assistance:

- 1. In Idaho, Job Search means the act of seeking a job, researching the job market, researching potential employers, making contact with potential employers, applying for vacancies and interviewing for jobs. Job Search also includes internet search hours which may occur at enhanced work services provider's offices or in a private home. Job Readiness means preparation to seek, or obtaining employment including life-skills training, short-term substance abuse treatment, and mental health treatment or rehabilitation activities for those who are otherwise employable. A qualified state licensed medical or mental health professional will certify that substance abuse treatment, mental health treatment, or rehabilitation activity is necessary for the individual to obtain employment. Job readiness also includes work preparation activities such as assessments, classes, workshops, preparing a resume or job application, interviewing skills, how to keep a job, budgeting, life skills training, or setting up a business.
- 2. The countable hours of participation are described in the Personal Responsibility Contract (PRC) (Attachment D) and based on the activity hours completed. The State standard will be 6 weeks of job search and job readiness reported in a fiscal year. Enhanced Work Services contractors will ask permission to allow a person to be in job search and work readiness for more than 6 weeks. They will be given permission if the web site indicates we are still a "needy" state. Idaho has for the last 10 months, been classified as a "Needy" state and under this classification can count job search and job readiness for 12 weeks (with no more that 4 consecutive weeks) during the month in which the state is classified as "Needy". The State will utilize the 12 week option. The State also assures that no more than 4 consecutive weeks of job search and job readiness occurs. Any hours of job search and job readiness in a week automatically counts as a full week. For each week in which a work eligible individual exceeds the 4 consecutive weeks, a "0" will be used as the number of hours in calculating the average number of hours per week of job search and job readiness even if he or she may be engaged in those activities. Additional participation in job search or job readiness above the allowed number of weeks will be coded in "other".
- 3. The work opportunity Participation Report (WOPR), Idaho's automated participation reporting and tracking system, currently tracks the 6 week and 4 consecutive week restrictions. Hours of participation are verified by daily attendance and daily attendance records. Hours in job readiness classes or mental health services will be documented with attendance records. For job search, each participant keeps a daily record of time spent on all employment contacts whether by internet, in person or by phone. This log is turned into the case manager on a weekly basis. The case manager conducts random review that will provide a statistically valid random sample that will give us 90% validity, and follows up with the potential employers to insure accuracy of the logs. Hours that are found to lack validity will not be counted toward the participant's hours of participation. Documentation of hours of activity will be retained in each individual case record for at least 3 years.
- 4. Daily supervision will be conducted through collection of weekly time sheets, attendance records, or the participant's daily log of activities. The documentation will consist of copies of job contact information, applications submitted, addresses, phone numbers and names of job contacts. In person contact between the client and case manager or other service provider will occur no less frequently than weekly. A supervisor or case manager is always available for advice between regularly schedule contacts.

G. Community Service Programs:

- 1. Idaho has not used this activity in the past; however, this work activity will be used in the future. Consequently, the community service programs will be structured programs and embedded activities in which TANF recipients perform work for the direct benefit of the community under the auspices of public or non-profit organizations. Community services programs are limited to projects that serve a useful community purpose in fields such as health, social services, environmental protection, education, urban and rural redevelopment, welfare, recreation, public facilities, public safety and child care. Community services programs are designed to improve the employability of recipients not otherwise able to obtain employment. An assessment of the participant's prior training, experience, and skills is used to make appropriate community service assignments. Unstructured and unsupervised activities such as helping a neighbor or friend and foster parenting are excluded activities.
- 2. An individual participating in Community Service is considered to be an "employee" under the Fair Labor Standards Act (FLSA) and must be compensated at the applicable minimum wage. An individual's community service hours are calculated by dividing the TANF benefit and the value of Food Stamps received by the Federal Minimum wage.
- 3. Time sheets signed by the work experience site supervisor verifying participation will be submitted weekly and maintained in the case record for at least 3 years.
- 4. This activity will be supervised by an employer, work site sponsor, or other responsible party on an ongoing basis no less frequently than daily. A signed Memorandum of Agreement (Attachment C) between the Department and the work site provides guidance and defines the responsibilities of the work site.

H. Vocational Education Training (not to exceed 12 months for any individual in a lifetime):

- 1. In Idaho, Vocational Education Training means organized educational programs that are directly related to the preparation of individuals for re-employment in current or emerging occupations requiring training other than a baccalaureate or advanced degree. These educational opportunities are provided by Community Colleges, Vocational Technical Institutes and other programs that are directly related to the preparation of individuals for employment in current or emerging fields. Basic and remedial education and English-as-a-second language that are of limited duration and are necessary will be a regular part of Idaho's vocational education training when limited English proficiency or the lack of basic education are barriers to the participant. The State will insure the necessity through an assessment of the individual's skills and experiences and work goals. A statement from the vocational education provider that indicates the participant enrolled in an approved vocational training activity requires basic/remedial or ESL instruction to participate in the program and that such instruction accounts for no more than five hours per week will be obtained and kept with the case file. For any work eligible individual that has exceeded the 12 month lifetime limit, a "0" will be entered as the average number of hours per week of participation in vocational education training even if he or she is engaged in these activities. The additional participation in vocational educational training may be coded in "other".
- 2. The countable hours under this activity are based on actual class time, and time spent in supervised study halls.

- 3. Actual hours are verified through class and study hall attendance records signed by the instructor or study hall monitor. These documents will be collected on a weekly basis and retained in each individual case record for at least 3 years.
- 4. Community colleges and university vocational institutions, and other education and training organizations provide job skills training. Individuals participating in actual classes and online classes will receive daily supervision from the instructors and study hall monitors.
- 5. The WOPR, Idaho's automated participation reporting and tracking system, is programmed to track the 12-month restriction on this activity. A full month is counted regardless of how many weeks of vocational education is used in that month. The system does not count hours keyed in vocational education if the individual has exceeded the 12 week limit. The system does not count vocational education hours keyed if they meet participation rate in another countable activity so as to preserve valuable vocation training hours.

I. Job Skills Training Directly Related to Employment:

- 1. In Idaho, job skills training directly related to employment is training or education for job skills required by an employer to provide an individual with the ability to obtain employment or to advance or adapt to the changing demands of the workplace.
- 2. The same as Vocational Education.
- 3. The same as Vocational Education.
- 4. The same as Vocational Education.

J. Education Directly Related to Employment:

- 1. In Idaho, education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency, would be education related to a specific job, occupation or job offer.
- The same as Vocational Education.
- 3. The same as Vocational Education.
- 4. The same as Vocational Education.

K. Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate.

- This activity includes regular attendance, in accordance with the requirements of the secondary school or course of study, at a secondary school or in a course of study leading to at certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate.
- 2. The same as Vocational Education.

- 3. The same as Vocational Education.
- 4. The same as Vocational Education.

L. Providing child care services to an individual who is participating in a community service program:

This activity is not used in Idaho as a work component.

II. HOURS ENGAGED IN WORK:

Excused Absences

Idaho's excused absence policy provides for excused absences in the following instances:

- The following holidays will be observed; Christmas, New Years Day, Martin Luther King Day, Presidents Day, Veterans Day, Columbus Day, Labor Day, Memorial Day, Independence Day and Thanksgiving Day.
- 10 additional days for individuals in unpaid work activities in a 12 month period with no more than 2 occurring in a month. Individuals in paid work activities will be allowed the sick and vacation leave provided by the employer.
- The excused absences must occur on the day of regularly scheduled unpaid activities and may be used for illness, doctor's appointments, family emergencies, and other emergencies such as transportation problems and only for the hours an individual was scheduled to participate on a given day.
- Tracking use of the excused absences will be conducted by the Enhanced Work Services contractor's case managers and documented in the case file with time sheets. Contract monitoring will review these files for correct use of excused absences.

FLSA Deeming

Idaho is one of six states that has been operating a "mini" Simplified Food Stamp Program and providing education and training services to Food Stamps recipients.

The State of Idaho plans to use the "deeming" provision permitted at 261.31 and 261.32 for community service programs. The Enhanced Work Services Contractor will determine the maximum hours of participation for Community Services sites by using the cash assistance benefit amount and the value of the Food Stamps divided by the federal minimum wage. The contractor will review pay history the first of each month for changes in benefit allotment which may affect the number of hours the individual may participate in Community Service sites. If the numbers of hours available fall short of the required hours of participation, the contractor will "deem" the additional hours necessary to meet the required work participation and document the hours deemed by narrating the number of hours "deemed" in EPICS.

III. WORK-ELIGIBLE INDIVIDUAL:

In Idaho, a work-eligible individual is an adult (or minor child head-of-household) receiving TAFI assistance or a non-recipient parent living with a child receiving such assistance (usually a child-only case), unless:

- The parent is an alien who is ineligible to receive assistance due to his or her immigration status, or
- A parent is providing care for a disabled family member living in the home who does not attend school on a full-time basis, provided that the need for such care is supported by medical documentation, or
- A minor parent who is not head-of-household or the spouse to the head-of-household.

Idaho does not include an individual in a family receiving MOE-funded assistance under an approved Tribal TANF program in its participation rate.

- 1. State's procedures for identifying all work-eligible individuals occur during the eligibility determination process and the negotiation of the PRC.
 - Documentation is requested to determine alien status during the eligibility determination. The alien status is then keyed in EPICS according to what the documentation indicates.
 - While negotiating the PRC, the contractor does an enhanced family assessment (Attachment E) to determine appropriate work activities. During this assessment, the contractor would learn of the disabled family member and the constraints that would place on the adult's ability to participate in work activities. The disability status would then be keyed in EPICS by the contractor.
 - "Disabled" means the individual's need for care is supported by medical
 documentation from a certified medical or mental health professional such as a
 licensed physician, physician assistant, nurse practitioner, or a licensed clinician.
 The professional providing the documentation must practice in a specialty related
 to the disabling condition (for example, an ObGyn may not provide documentation
 regarding a disabling condition related to knee problems; that would have to be
 provided by an Orthopedist).
 - This documentation would be obtained to support the negotiated PRC as part of the negotiation process.
 - "Family Member" includes any member of the household who is a relative.
 - "Attending school on a full-time basis" means being enrolled in secondary post-secondary education for 9 or more credit hours or as defined by the school.

Verification procedures for ensuring the accuracy in reporting of work eligible individuals on the TANF Data Report.

Case workers and contractors have access to EPICS and input the appropriate codes to identify ineligible aliens, disabled family members, excluded adults, and work mandatory individuals. In Idaho, all adults receiving TAFI are mandatory for participation in activities. . When the family applies for TAFI, we determine which adults are work eligible individuals. A WOPR screen is created for each work eligible individual. The WOPR screen captures case information, disability status, availability of child care, work activity, number of hours, and number of weeks in an activity and total hours. (Attachment F) A preliminary WOPR report is released the middle of the month. (Attachment G) A preliminary WOPR report is reviewed in the middle of the month to identify individuals who have been incorrectly coded as work eligible individuals or individuals with "0" hours keyed and make any corrections. The report also shows which participants 'fail' the required work hours and identifies the number of hours keyed for each activity. By reviewing this report in the middle of the month there is still time to improve work participation performance by identifying missing activity. The final report is released at the end of the month. (Attachment H) This final report makes up the work participation data that is transmitted via the TANF Data Report. This report is reviewed again to identify performance improvement strategies and to identify any coding errors. The results of these month end reports are used to measure the performance of each contractor. New programming has been put into place that removes two-parent families participating in a NO-MOE SSFP from the TANF Data Report; however, those families will still be accounted for on WOPR so the state can accurately track the activities and efforts to move these families off cash assistance.

If an adult work eligible individual or parent is not eligible under TAFI eligibility rules, the whole family is not eligible for cash assistance. We evaluate each child only case to determine if there is a non-recipient work eligible parent in the household. If there is, they are required to participate or the family will not be eligible for TAFI. The following are not eligible for cash assistance

- Adults receiving SSI,
- · Fleeing felons, and
- Drug convicted felons who are not in compliance with their probation.

Two processes exist to ensure the proper identification of TAFI families for inclusion or exclusion in work participation rates.

- On a quarterly basis, the CERM team reviews a random sample of TAFI
 cases to assure that appropriate families are included in work participation
 and the appropriate documentation is on file that verifies the family status
 and work participation hours. The sample includes each month of the
 quarter.
- On a quarterly basis, Department staff review TANF Data Report error flags and discrepancies received from ACF. The purpose of this review is twofold. First, to correct individual cases and re-transmit them. Secondly, to identify transmission errors or errors in the TANF 199 Report that requires corrective programming to prevent future errors or corrective action with staff because of keying errors.

- 3. Procedures that ensures data accuracy. Quarterly monitoring and case reviews assure that each individual receiving TAFI has been accurately entered into the EPICS system, that hours are properly tracked, and that hours are accurately reported to HHS include only hours of participation that meet a Federal definition of work eligible activity.
 - WOPR is programmed to accurately count federally defined work participation, the limits on duration of certain work eligible activities, and the number of hours required for each family type.
 - On a quarterly basis, the Contracts and External Resource Management Team reviews a random sample of TAFI cases to assure that appropriate families are included in work participation and the appropriate documentation is on file that verifies the work participation that has been keyed in WOPR. (Attachment I)
 - On a quarterly basis, Department staff review TANF Data Report error flags and discrepancies received from ACF. The purpose of this review is twofold: first, to correct individual cases and re-transmit them. Secondly, to identify transmission errors or errors in the TANF 199 Report that require corrective programming to prevent future errors or corrective action with staff to correct keying errors or misapplication of policy.

IV. INTERNAL CONTROLS:

Internal Controls to Insure Work Verification Procedures are Properly Employed

The TAFI Process:

In Idaho, State staff (Self-Reliance Specialists) conduct eligibility determination for TAFI, approve for one-time payments, take action to issue benefits, apply sanctions, and close cases. These activities are considered core eligibility activities. Case management for TAFI is conducted by the State's Enhanced Work Services (EWS) Contractors. Case management consists of initial screening, substance abuse screening, family assessment, PRC negotiation, diversion, work search, work readiness, issuance of supportive services and transitional services, daily supervision, assignment and documentation of activities, and keying activity hours. The EWS contractor notifies the SRS when participants need to be sanctioned or closed.

The individual applies for TAFI (and usually Food Stamps)

- Clerical makes and appointment for a Food Stamp interview with an SRS and immediately refers the applicant to the contractor for initial screening.
- The contractor registers the TAFI case, educates the applicant about what is required to
 receive TAFI, may close because applicant withdraws the application or develop a miniPRC, make a referral to work readiness activities, and notify the SRS of the potential
 TAFI eligibility.
- TAFI/Food Stamp interview is then completed within a 3 to 5 day period.
- At the same time, the individual is participating in the agreed upon activities noted in the mini-PRC.
- If the individual fails to appear for the EWS appointment within the 3 to 5 days, the SRS is notified and the application is closed.
- If the individual appears for their appointment with EWS, they complete a new more comprehensive PRC, are screened for substance abuse and provided with job search assistance.
- The EWS contractor will collect documentation of hourly participation in activities, provide daily supervision when necessary, key participation hours, meet regularly with the TAFI participant, and revise the PRC when necessary.
- The EWS contractor notifies state staff to sanction or close a case.
- The EWS contractor narrates regularly in EPICS and keys hourly participation.

The EWS contractor reviews the monthly WOPR reports to assure accurate recording of activity hours and accurate documentation of hours. An additional monthly report identifying cases that are keyed with an "MW" indicating they are mandatory for participation in work programs is sent to the work contractor. This helps them identify any participants who have not been properly referred to work services.

Assurance of Proper Implementation of Division Policy and Procedures:

In order to assure proper implementation of Division policy and procedures, the Division of Welfare provides training, curriculum development, policy development and quality assurance for state staff. Policy development is conducted by program based managers, program specialists, welfare training

specialists, and technical writing staff. These teams work together to develop orientation materials, curriculum, and up-dates to the online handbooks. New policy or policy changes are implemented through regular quarterly policy rollouts. Individual participation in developmental phase of the policy includes representatives from the training unit, quality assurance unit, CERM team, operations program managers, and program specialists. Policy is then rolled out to the supervisors in the field. In some instances, depending on the complexity of the policy changes, face-to-face training is scheduled in the field. Supervisors are expected to provide staff with guidance on the implementation of the policy change. Each policy roll-out or face-to-face training is followed by QA case reviews or field observations which provide assurance that the changes have been implemented appropriately in the field.

Assurance of Contract Compliance:

The Division of Management Services CERM team provides contracts management and requires contractor adherence to strict performance standards. Contract management includes contract development, quarterly contract monitoring, case reviews, training on new policy, and technical assistance. Technical assistance could be conducted daily if necessary. CERM also acts as the liaison between the contractor and Division of Welfare field staff. Members of this team participate in all policy roll-outs in order for them to capture policy and procedure changes that need to be included in contractor training or a new scope of work.

As a result of the TANF Interim Final Rules, a new scope of work will be created to include changes in contractor focus. The new scope of work will redirect the contractor's focus to participation rates. CERM's monitoring criteria will change according to the new scope of work. CERM monitors to assure the number of hours of participation are appropriately documented in the file, documented work participation is properly coded to the correct activity, documented activities that are coded as work eligible are correct, and documentation supports the information in EPICS and the billing system. This would include determining if the family included a work eligible individual. Monthly WOPR reports are received by the contractor and reviewed by CERM, program specialist, and program manager. This report is used to monitor the number of hours keyed per family. Monitoring the keyed hours helps us to monitor the participation rate. When systemic data validation problems are uncovered during the quarterly monitoring, monthly monitoring is initiated. If improvement is not seen as a result of the monthly monitoring, targeted reviews of all cases are conducted and a corrected participation report submitted.

Internal Controls to Manage Data Errors:

The quarterly contract monitoring conducted by CERM includes reviews of a random sample of client files for each month of the quarter. The CERM team reviews these cases to provide assurance of contractor compliance and performance, because they check the case record with EPICS they capture coding, transcription, data omissions, and compilation errors that may have been the result of keying by a state employee or contractor. As part of this plan, additional steps will be taken during CERM monitor to assure documentation is an accurate reflection of the participant's activities. Contact will be made with employers and work site sponsors to corroborate the hours of activity that has been recorded. The State has a Quality Assurance Team consisting of 6 individuals who conduct case reviews and provide regular policy interpretation for staff. This team conducts regular random sampled case reviews. They provide a variety of reviews, pre-release reviews, post-release reviews, and second level reviews of supervisor's reviews. The results of these reviews are entered into a case review tracking and reporting system called Q5I. The team currently focuses on Food Stamp and Family Medicaid reviews. Plans are to develop review profiles and design reports for TAFI case reviews completed by the CERM team and have those reviews entered into the quality assurance data base, Q5I, for quality assurance reporting by October 1, 2007.

Checks to Isolate Electronic System and Programming errors

The quarterly random TAFI case reviews conducted by CERM provide assurance that information in the case files match what has been entered in the EPICS electronic system.

The Information and Technology Services Division employs an extensive requirements gathering and testing process when modifying or adding to the Department's information systems. This process provides assurance that the requirements for the system are identified. (Attachment J) The testing process provides assurance that the modifications or additions accurately adhere to the requirements and do not adversely affect other aspects of the system. This process allows us to avoid programming errors.

The WOPR report provides us with the raw data that is being submitted to the TANF Data Reporting system. Comparison of the WOPR information with the TANF Data Report allows us to identify problems with reporting or work participation hour data.

In addition to this comparison to the raw data, Idaho relies on the information that ACF reports back to us regarding discrepancies and error flags. Review of this report provides us with information that will assist in refining previously defined requirements so that these discrepancies do not happen again. We will implement this process as part of the Work Verification Plan.

Sampling and Estimation Techniques

Idaho uses the TAFI aggregate data for the TANF Data report.

When CERM conducts case reviews during its monitoring activities, they pull a random sample. The sample is calculated by taking a statistically valid random sample of the total case load for the quarter. The sample that is pulled will meet a 90% level of confidence with a confidence interval of plus or minus 10%. The Quality Assurance Team follows the same random sampling techniques for a 90% confidence level.

V. VERIFICATION OF OTHER DATA USED IN CALCULATING THE WORK PARTICIPATION RATES:

Idaho validates data submitted in its TANF Data Report to meet a "complete and highly accurate" standard for data reporting. The State of Idaho data collection process related to TANF Data Reporting and Work Participation Rate is fully automated. This includes all of the elements identified on page 10 of the Work Verification Plan Guide # V. (except Stratum and Work-Eligible Individual).

Documentation:

- 1. Idaho's data validation procedures to ensure "complete and highly accurate" data reporting include:
 - Automated systems which include the TANF Data Report and WOPR report that has been subjected to requirement gathering, standardized testing, and verification processes carried out by Information and Technology Services Division.
 - We have not been diligent about this is in the past, but this Work Verification Plan includes
 a process to compare the results of ACF's discrepancy reporting on the TANF data
 submissions to identify inconsistencies and errors. This will provide us with a continuous
 process to make corrections and assure that our data continues to be complete and highly
 accurate.
 - All of the elements listed (WVP, V.) have been collected on an ongoing basis except
 Stratum and most recently Work-eligible individual requirements. Stratum is not applicable
 because we report on the entire universe. With regards to the work eligible individual, any
 changes that are necessary in EPICS or in our automated reporting will be subject to the
 same standard testing procedures applied by our Information and Technology experts.
- 2. We are aware of several cases of inconsistencies in data elements; for example, an individual is keyed as single but there is a spouse (sp) indicator on the case, or the individual is working but no income is indicated. These inconsistencies have not been addressed. As indicated above in this Work Verification Plan, we will begin to address these inconsistencies through the continuous improvement process defined above. If the errors are worker caused, appropriate corrective action will be taken to provide training or policy clarification. If the errors are system caused, steps will be taken to correct the automated system so the error does not occur in the next quarterly report.

Work Participation Status:

- 1. Idaho requires all adults to participate in activities in order to receive TAFI. The only disregards that might be applied would be for a single custodial parent with a child under one year of age. This type of parent is still required to participate in life skill activities from birth of the child for twelve weeks and then must comply with work participation requirements. We encourage them to consider going to work earlier: when there are only 24 months of lifetime TAFI, this is a very important decision.
- Because Idaho requires all adults to participate in TAFI, there are no disregards applied for a
 work eligible individual who refuses to participate in work. Their eligibility would be
 terminated. Case Management staff on a daily basis review and apply data entry regarding a
 work eligible individual's participation status. On a quarterly basis, the CERM team review

TAFI cases to assure that appropriate families are included in work participation and the appropriate documentation is on file that verifies the work participation has been keyed in WOPR and in a countable work eligible activity.

3. Idaho ensures that a family deemed engaged in work based on 20 hours of participation in countable work activities meets the requirements of a single custodial parent or caretaker relative with a child under age six through contract monitoring on a quarterly basis. CERM team reviews TAFI cases to assure that appropriate families are included in work participation and the appropriate documentation is on file that verifies the work participation has been keyed in WOPR and in a countable work eligible activity. CERM reviews a statistically valid random sample of cases as described above.

ATTACHMENT A

WORK VERIFICATION

Case Load #:				
Instructions: Only you	ur employer or payroll c	lerk should:	complete and si	ign this form.
Please complete the	following information	n for:		
Name:		SSN:		
EMPLOYER INFORM	IATION			
Employer Name:		Teleph	none Number:	
Address:		City:	State:	Zip Code:
WAGE INFORMATIO	N			
Date Employee Starte	ed:			
☐ Hourly Pay	\$ per hour	Average	number of hou	per week
☐ Monthly Salary	\$ per month	Number	of days worked	per week
Other	\$ per			
Is overtime anticipate	d? 🗌 YES 🗌 NO			
If "YES", list average	number of hours per we	eek	Per month	_
If employee just starte	ed working, when will fir	rst check be	s issued?	Number of

Hours worked		
Pay Date Information		
How often is employee paid? Weekly Monthly Bi-Weekly (Every two weeks) Semi-Monthly (Twice a month) What day of the week? What date? (e.g. 1 st & 15 th)	What day or date doe the pay period end? Date: Or Day of the week:	between pay period ending date and date paid?
Expected Changes Do you expect the number of hours If yes, what date? per Do you expect rate of pay to go up If yes, what date?	or down?	☐ YES ☐ NO New number of hours ☐ YES ☐ NO New rate of pay \$
Other Income Employee receives: TIPS CO HOUSING Amount \$ Other Benefits Available Health Insurance Child C	How often?	-
If employee completed any part of the please have the employee provide Thank you for your cooperation.		
Employer's Signature:		Date:

Verification of Termination of Employment

		Date	# Stamp:
Dear Employer:			
We would appreciate the following i income for this family. Thank you for		•	the estimated
Name of Employer:	-	Telephone	e #:
Address:	City:		State:
Name of Employee:		SSN#:	
Date of Hire:	Date of	f Terminat	ion:
Reason for Termination: Layoff	Quit	Fired	Other
Please Explain:			
Expected Date of Call Back:			

List gross amount of pay and date received for final month of employment and the month after:

GROSS PAY DATE RECEIVED – FOR MONTHS OF: \$ \$ \$ \$ \$ Date final check was/will be received: Gross amount: Are there any paychecks/benefits (retirement, vacation, severance, etc.) yet to be received? YES If yes, list: GROSS AMOUNT DATE TO BE RECEIVED **TYPE** \$

\$

unemployment benefits?	e eligible through your company for YES NO
When will insurance coverage end?	
	only. If employee completes any part of this please have employee provide you with a blank
Employer's Signature:	Date:

WEEKLY ACTIVITY SHEET

Name:	Weekly Countable Hours: Weekly Contacts:						
	ick Melissa Juan Koliy Lezile						
DAY DATE SECH VOTE OTHE WKO	P EMPL COMM EDUC Description of Activity						
Mon							
Tue							
Wed							
Thu							
Fri							
Sát							
Sim							
SUBTOTAL HOURS	TOTAL HRS						
Explain any activity hours which were not completed:							
	T						
WEEKLY E	MIPLOYER CONTACTS						
Company Address Position applied for	Date						
Who did yor telk to?	ne Mail Interviewed Application e						
How did you apply? In person Rhot What did the employer tell you about possibilit							
By automission of this electronic timesheet I cert assigned countable hours and job contacts.	ify the Information is correct and I have completed the						
Participant Signature:	Date: / /						

WEEKLY EMPLOYER CONTACTS

Company	Date 7 /
Address	Phone 208
Position applied for	·
Who did you talk to?	
How did you apply? In person Phone Ma What did the employer tell you about possibility of him	
L.:	<u> </u>
Company	Date /
	Phone 208 -
Address	1 11011Q ZCO -
Position applied for	
Who did you talk to?	·
How did you apply? i In person Phone Mai	
What did the emologer tell you about possibility of his	<u>.</u>
Company	; Date /
Address	Phone 203
Position applied for	
	·
Who did you talk to?	
How did you apply? In person Phone Mai What did the employer tell you about possibility of bir	
Company	Date /
Address	Phone 208 -
	THORE 2323
Position applied for	<u>-</u>
Who did you talk to?	— , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
How did you apply? In person Phone Ma: What did the employer tell you about possibility of hir	
Attlat this the embroyer ten you about bosoning or an	<u> </u>
Company	Dale /
Address	Phone 208 -
Position applied for	
Who did you talk to?	
WIND did you talk its:	· ; '
How did you apply? In person Phone Mai	I Interviewed Appli <u>cation Re</u>
What did the employer tell you about possibility of him	n Interviewed reputestant Pos
Anual dig the embloker reli And school bossinging or thin	нг
By submission of this electronic timesheet I certify the inforeassigned countable hours and job contacts >	mation is correct and I have completed the
Participant Signature:	Date: /

ATTACHMENT B

ыс Біртер.		SELF-EMP	LOYME	NT RE	PORT		RW 119
Case Name:		Case Number				Incorne Month(s):	<u> </u>
	une (if Different):	L. <u></u> -,		· :	Bocial S	ecurity Nuraber	<u> </u>
	<u></u> _				 ខិប្បនាំ២៥ឆ្នាំ	Phone:	
Business Nam		_		— -	ivee of	Business:	
nd deductions in her acceptable i	you storaish with be used by the D recombance with SHEW regulation decommentation (i.e. income tax to					elate and adject your self-entitleymen matten by completing this form or by	income
RTT- INCO			8				
1.	Gross Rection or Sales						
2	Net Profit from Sale of Capita	t Assets	<u>\$</u> .				
₹.	TOTAL of Part I		\$				
	NESS COSTS/DEDUCTIONS educations that apply to you and coasiderations as the Interest and Coasideration as the	AUTORIA ABUTOR ADAM, O	usinen Fha rvice	-time expe	asses 580	uld be verified DAW regulations &	not aller
4	Cost of Labor (non-household	. ದಾವಾಶಿಂದ)	<u> </u>			Ωπίσο Usa Onl V	
5	Cod of Materials/Goods/Inves	nkury	5				
6.	Office Toponses		<u> 5</u> _		_		"" · (,)
7	Ront/Tax on Business Property	y	\$				- 1
8	Business Phone/Utilities		¥				-
9.	Vekicle Expenses/Mileage (Not 19 and from box	गरो	s				- 1
10	Advertising/bed debts		ž				
11:	Jugurpunce/Worteer's Compositi	en Bora	\$				
17	laterest on Business Loans		<u>\$</u>				
13	Legal/Professional Form		£		—–	ļ	- {
14	Repairs		<u>\$</u>			ļ	
25	Other:		<u> </u>				
16	TOTAL of Part II		\$				
						NCOME §	
a Information	e stutements on this report : provided may result in the enefits atm reduced or term!	reduction or b	erminatios (օՐուջ Եշ	neßts. :	wiedge and I understand that I understand that I may request station.	a fair
Signature:				,,0,0		Date:	

ATTACHMENT C

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11/11/11/2	7 1/	 N/IH	$-\kappa$	

STATE OF IDAHO DEPARTMENT OF HEALTH AND WELFARE WORK OPPORTUNITIES MEMORANDUM OF AGREEMENT

This	agreement is	entered into	between th	ne Idaho	Department of	Health	and	Welfare	(the	Department	t)
and					(the	Sponso	or.)				

In areas where there is no contractor, the Department will assume duties specified for the contractor in this agreement.

It is agreed by and between the parties as follows:

- 1. The Sponsor provides work experience and training to participants in the Work Opportunity activity of the Temporary Assistance for Families in Idaho (TAFI) Program, the Job Search Assistance Program (JSAP), and for other individuals referred by the Department of Health and Welfare.
- 2. The Sponsor assures the placement of Work Opportunity participants will not result in displacement of currently paid employees, including partial displacement.
- 3. The Sponsor understands that the number of hours of participation cannot exceed the family's TAFI grant minus child support divided by the federal minimum wage. The family's Food Stamp allotment may be counted in the hours worked. The contractor will calculate the maximum number of hours the participant can be required to participate each month and notify the Sponsor. Participants cannot be required to participate over forty (40) hours in one week.
- 4. The Sponsor understands that Work Opportunity participants are not paid.
- The Sponsor agrees that if the Sponsor allows additional hours of participation, the Sponsor will
 pay federal minimum wage to the participant for those hours and be responsible for all payroll and
 functions for those additional hours.
- 6. The Sponsor understands that Work Opportunity participants are not entitled to a job after training is completed.
- 7. The Sponsor will comply with provisions of Title VI of the Civil Rights Act of 1964, as those provisions relate to work experience assignments.
- 8. The Sponsor understands that Work Opportunity work experience and training may not in any way be related to political, electoral, or partisan activities.
- 9. The Sponsor understands that Work Opportunity work experience and training must not violate any existing labor agreement between employees and employer, and may not be developed in response to or in any way associated with the existence of a strike, lockout, or other bona fide labor dispute.
- 10. The Sponsor understands that Work Opportunity work experience and training must comply with applicable health and safety standards.
- 11. The Sponsor agrees to keep confidential that Work Opportunity participants are recipients of Department of Health and Welfare assistance. The Sponsor agrees to provide all information needed by the Department of Health and Welfare and the State Insurance Fund regarding placements and workers' compensation.

- 12. The Sponsor acknowledges that Work Opportunity participants are not employees of the Sponsor and are not entitled to benefits provided regular employees (e.g., vacation, sick leave, and pension) except as to the hours of participation in excess of those authorized by the Department. The Sponsor is entitled to all protections and immunities granted under the Idaho Workers' Compensation Act.
- 13. The Sponsor acknowledges that the placement will last no longer than thirteen weeks. Under special circumstances, the placement period may be extended with prior concurrence of the Department, the Sponsor, and the Work Opportunity participant.
- 14. The Sponsor agrees to provide training on safety to the same degree that other workers are trained. The Sponsor has a written commitment that safety and safe work procedures have a high priority.
- 15. The Sponsor agrees to provide tools, equipment, and supplies used by the Work Opportunity participant in carrying out training assignments.
- 16. Work Opportunities participants will not be required to use their personal vehicles in their training.
- 17. The Sponsor will notify ________, (the Contractor) within 24 hours if a Work Opportunity participant:
 - *neglects assigned tasks, duties or responsibilities;
 - *displays disruptive behavior;
 - *fails to appear at the site without reasonable explanation.
- 18. The Sponsor agrees to allow Work Opportunity participants to attend special classes, job interviews and to seek employment.
- 19. The Sponsor agrees to submit to the Contractor a monthly report of the actual number of hours of participation by each Work Opportunity participant and any other required information related to its role as Sponsor.
- 20. The Sponsor understands the Contractor will maintain contact with the Sponsor for purposes of monitoring Work Opportunity participants' progress.
- 21. The Sponsor understands the Contractor will assist the Sponsor in resolving issues that may arise during the training.
- 22. The Sponsor agrees to give the Contractor prior notification of intent to terminate the training for a Work Opportunity participant. For each Work Opportunity participant, the Sponsor will provide the Department and Contractor with a report of the participant's performance and skills attained.
- 23. 9 A. For the duration of the agreement, the private or non-profit Sponsor shall maintain in effect all required insurance in accordance with the terms, times, limits and conditions contained herein.
 - (1) Comprehensive or commercial general liability insurance including personal injury liability insurance (including owned, non-owned and hired vehicles). The policy or policies or endorsements covering any claim arising under the coverage provided in this paragraph shall at minimum have a limit of not less than \$500,000 per occurrence with a combined single limit of \$500,000.
 - The Sponsor shall provide the Department with a certificate of insurance for this insurance, signed by the insurance agent for the Sponsor. The certificate of insurance must provide the Department with a thirty-day advance notice of cancellation or termination of any insurance coverage.
 - (2) The Sponsor must provide workers' compensation coverage for all of Sponsor's employees, if he has employees. The Sponsor agrees to submit copies of their workers' compensation loss history to the Department upon request.

- 9 B. A public or federal agency Sponsor, by signature of this agreement, hereby certifies it is self-insured.
- 24. The Department provides coverage under the provisions of the Idaho Workers Compensation Law pursuant to the provisions of Section 72-230, <u>Idaho Code</u>. The Department of Health and Welfare's Compensation Policy Number 539043 will cover Work Opportunity participants placed in Work Opportunity work experience and training with the Sponsor.

If a Work Opportunity participant sustains an injury that results in the need	d for medical care or
absence of training for one or more days, the Sponsor will immedia	tely notify the local
Department of Health and Welfare at	, AND the
State Insurance Fund at (208) 334-2370. A claim form must be completed	and returned to the
DHW Office at , within five day	s of the injury.

25. Indemnification:

- A. The Sponsor shall indemnify, defend and save harmless the State of Idaho, and the Department, its officers, agents and employees, from and against all liability, claims, damages, losses, expenses, actions and suits whatsoever, including injury or death of others or any employee of the Sponsor caused by or arising out of the Sponsor's performance, act or omission of any term of this Agreement.
- B. The Department shall indemnify, defend and save harmless the Sponsor, its officers, agents, and employees from and against all liability, claims, damages, losses, expenses, actions and suits whatsoever, including injury or death of others or any employee of the Department caused by or arising out of the Department's performance, act or omission of any term of this Agreement. Nothing in this provision shall extend the liability of the Department beyond that provided in the Idaho Tort Claims Act, Idaho Code 6-901 et seq.
- 26. The Sponsor or Department may cancel this agreement at any time upon 30 days written notice to the other party, specifying the date of termination. Cancellation of the agreement by either party shall terminate the responsibilities of the parties, except that the responsibilities incurred prior to the termination date shall be honored.
- 27. The Sponsor and Department agree to the following special provisions:

Below certify acceptance of the terms and provisions of this Memorandum of Agreement as outlined above.

DEPARTMENT	SPONSOR
Department of Health and Welfare	Name
Mailing Address	Mailing Address
City, State, Zip Code	City, State, Zip Code
Typed Name Authorized Representative	Typed Name Authorized Representative

Title of Authorized Representative	Title of Authorized Represer	ntative
Signature of Authorized Representative	Signature of Authorized Representative	
Date	Date	
Contractor		
Name	Telephone Number	Date

DEPARTMENT OF HEALTH AND WELFARE WORK OPPORTUNITIES TRAINING DESCRIPTION		
Contract Number	Job Title	
	Number of Positions	
Site Name	Site Address	
Minimum Qualifications		
Duting to be Desferred		
Duties to be Performed		
Days, times and hours of training (Example: Monday, Wednesday and Friday, 8 hours per day, from 8 a.m. to 4 p.m.)	Private & Non-Profit Sponsors Only. Worker's Compensation Rate Sponsor would pay for the type of work involved in the training.	
	\$	
Contact Person	Telephone Number	
Signature of Site Representative	Signature of Site Developer	
Date	Date	

ATTACHMENT D

WORK FIRST PROGRAM TAFI PERSONAL RESPONSIBILITY CONTRACT

Personal Responsibility, Family Responsibility, Community Responsibility

Self-reliance is the focus of the Work First Program. As a Contractor for the Department of Health and Welfare, we will assist you and your family's move to obtain paid employment and self-reliance. The resources of the local community, your family, and your friends will be accessed for assistance and support.

This Personal Responsibility Contract is negotiated as a partnership. As the adult(s) in your family, you are the lead partner(s) in this contract. You have the primary responsibility to complete the requirements that will build on your current strengths and help you obtain self-reliance. *Work First* will help you identify your choices and assist you in your steps toward self-reliance.

ASSETS AND GOALS

Assets/Attributes – A Summary	(i.e.:	education,	training,	housing,	vehicles,	support	systems,
experience, skills and personal qualities, etc.)							

- •
- •

Immediate Work Goals and Objectives (i.e.: type of work individual is seeking, education, etc.)

- •
- •
- •

Long Term Work Goals and Objectives (i.e.: employment, education, housing, transportation, etc.)

- •
- •
- •

ACTION STEPS TO SELF-RELIANCE

	lob Readiness/Job Search Not Work Ready – Reason:
□ outl	Minimum hours will be completed in approved Work First activities each week as ined below
	Participate in a mandatory SASSI screening. □ Not necessary to contact provider for follow-up at this time. □ I have chosen as a Substance Abuse Treatment Provider (SATP). □ I will contact the SATP by □ I will follow through and maintain all appointments/treatment plans developed
	by the SATP.
JOE	3 SEARCH
	Minimum quality job contacts will be made each week
□ Mor	I will start attending daily Work First classes. I understand class starts at 8:45 am nday through Friday. I will attend daily unless previous arrangements have been made.
	I will start attending Resume lab and continue to attend each Thursday until master application and resume are completed and approved by a Work First consultant.
	By I will register for work with Idaho Commerce & Labor.
	By I will register with the following Temporary/Staffing Agencies by this date: □ Express Personnel □ Sunshine Secretarial □ Intelligent
	ployment Solutions ☐ Progressive Nursing ☐ ManPower ☐ S Staffing
	OnI will meet with, my Work First Consultant for follow-up.
	I understand Work First consultants will provide guidance in job search and job referrals. I will follow-up on all job referrals and will not quit or refuse a job offer before discussing options w/ my Work First consultant.
TR	AINING .
	I will attend JET Orientation/Assessment from 9:00 a.m. until 1:00 p.m.
	thru I will attend JET Customer Service class. I understand this class is from 9:00 a.m. to 2:30 p.m., Tuesday thru Friday. (Lunch provided)
	thru I will attend JET Computer Class. I understand this class is from 9:00 a.m. to 2:30 p.m., Tuesday thru Friday. (Lunch provided)
	atI will meet with (Center for New Directions Counselor) at the Work First office.

will attend training	ng hours per v	week to study:	
□ GED	☐ Basic Skills	☐ ESL (English as a Second Language)	☐ Other:
 at: □ CND/I	SU Outreach	□ Other:	

EN	IPLOYMENT/FOLLOW-UP
	I understand when I am exited from Work First for employment, a Work First consultant will contact me regarding transitional services and for follow-up.
	Person likely to know how to contact me is: Name: Relationship: Phone:
	I give permission for a consultant to contact this person for follow-up information.
AD	DITIONAL REQUIREMENTS:
	I will complete all activities assigned by Work First.
	I will keep a record of all my Work First activities (Weekly Activity Report). It will be completed, signed and ready to hand in:
	At the beginning of the first class each week -or I understand this is considered a time card and not completing this each week could result in closure for non-compliance and may affect my benefits.
	I will be on time to each class and appointment.
	I will be dressed and groomed appropriately for a job interview for all Work First activities.
	If I cannot come to class or other appointment because I have an interview, am working, or have a genuine emergency I must contact a Work First consultant and the appropriate agency prior to my appointment or class, or my absence may be counted as a no call/no show. I understand that I am responsible for rescheduling all appointments. If I receive two no call/no shows I may be exited for non-compliance and my benefits may be affected.
	WORK FIRST CONTRACTOR RESPONSIBILITIES
Su • •	Individualized Personal Responsibility Contract Open communication Timeliness in communication and actions
•	Provide assistance in job search Referrals to community resources Provide Supportive Services as budget allows
	THE FAMILY'S RESPONSIBILITIES
	acknowledge I have used TAFI months and understand that I have a lifetime limit of 24 months. have used 12 months or more, this PRC reflects activities that will minimize my need for additional TAFI assistance due to limited time remaining. Progress will be reported to IDHW on a monthly basis.

I (we) understand that Temporary Cash Assistance for Families in Idaho (TAFI) is designed to assist my (our) family while I (we) obtain employment, I (we) understand there is a lifetime limit of 24 months for this program for my (our) family. The family understands and agrees to the following:

Withdraw or Request Closure

I understand participation in the Work First Program is a choice I have made to receive benefits from the Department of Health and Welfare. I also understand if I am unable to meet the conditions of my PRC, I may choose to withdraw my application for benefits at any time. I understand withdrawing or requesting closure may affect my benefits and/or penalties may be imposed for such action.

Reporting

I will report any changes in my circumstances to the Department of Health and Welfare, as required by my Self Reliance Specialist, either verbally or in writing, within ten (10) calendar days from the date the change becomes known.

Action Steps to Find Employment

I will complete the requirements in this contract and notify Idaho Commerce and Labor if I am unable to meet my work responsibilities.

Child Support

I will cooperate with Department of Health and Welfare to collect child support for my minor children. Cooperation includes identifying the father of my children, locating the residence and employment of the other parent and providing other necessary information needed to collect support for my children.

Immunizations

I will make certain my children are kept current on their immunizations against communicable diseases.

School Attendance

I will make certain my school-age children attend school according to the local school district's standard for attendance.

PENALTIES

I (we) understand the penalties for not following through with these responsibilities. The penalties are detailed in the appendix (Appendix A) to this Contract

I (we) have read and agree to all terms of this contract, including Appendix A: Penalties For Not Completing Contract Responsibilities.

I have attended a personal interview and understand my goals and objectives in this, my (our) Personal Responsibility Contract. I understand if I do not follow thorough with the agree activities outlined in this contract I can be exited from the Work First Program and this can affect my benefits through the Department of Health and Welfare.

	Two Responsible Party Household I have received a copy of the Personal Contract PRC) for the other responsible party in my household and understand and/or failure to comply with their PRC can affect my TAFI benefits.							
Particip	ant Signature	Date						
Particip	ant Signature							

Work First Consultant		
Work i iist oorisaltarit		
Date	•	
Dale	3	

APPENDIX A:

PENALTIES FOR NOT COMPLETING CONTRACT RESPONSIBILITIES EFFECTIVE JULY 1, 1997

Work Activities

I understand if I do not comply with work activities, my family's cash assistance may be stopped for one (1) month or until compliance, whichever is longer for the first occurrence; three (3) months or until compliance whichever is longer for the second occurrence; and **lifetime** for the third occurrence. I understand this may also affect my food stamp and/or medical benefits

Child Support

I understand Child Support Services will seek to collect child support from the other parent of my child. As necessary, I will cooperate to determine who the father of my child is, report information about where the other parent lives and works, and provide any other information needed to help Child Support Services collect support for my child. I understand I must cooperate completely with Child Support Services to receive TAFI cash assistance for my family.

Non-Reporting

I understand that if I do not report changes in my circumstances, my family's cash assistance may be stopped. I also understand that any fraud or attempted fraud on my family's part may result in my family's cash assistance being stopped for twelve (12) months for the first occurrence, twenty-four months for the second occurrence, and permanently for the third occurrence.

Immunizations

I understand if my children are not immunized, my family will be ineligible for cash assistance.

School Attendance

I understand if my children do not attend school, my family's cash assistance will be reduced by \$50 per child, per month.

JOB SEARCH ACTIVITY INSTRUCTIONS

Depending on your individual situation, you may be required to provide us with documentation of *Verifiable job contacts*. Requirements usually vary from 5 to 10 contacts per week. If you are actively pursuing work, this is not difficult to do. This form is the best method for your case manager to track your progress and be sure that your "job search activity" is valid. It is also a useful tool for the job seeker in recalling whom they have contacted, who they need to call back and names/titles of potential employers.

Quality vs. Quantity

On one "Job Search Activity Form" there are five spaces for application information. This does not necessarily mean that you need five different applications each week. For example: If you were to fill out an application for an open position, follow-up on your applications with a phone call to the manager and get an interview (all in the same week!) that would be considered *three job contacts* even though the contacts were with the same employer.

Verifiable Job Applications

A valid job application consists of:

- > Filling out an application
- > Submitting a resume
- > Speaking at length with an employer about an available position

An invalid Job application consists of:

- > Calling or visiting an employer with no job openings
- Speaking with an employer about an available position and not following it up with an application
- Listing job leads you are interested in, but have not actually applied for

REMEMBER! All of your job search activity must be valid and *verifiable*. Falsifying information in order to receive benefits is considered *fraud* and is punishable by law.

ATTACHMENT E

WORK FIRST ASSESSMENT NOTES

Discuss	Confiden	tiality	Grievance pro	ocedure	
	•				
Last job and reason for leaving					
Longest employment Type of work done (all)					
Type of work looking for					
What work do you enjoy					
Level of Literacy (highest completed) If didn't graduate – reason					
Other education/training					
Schedule JET Orientation/Literacy					
Assessment (Mandatory for JSAP)					
	Married	Single	Divorced	Separated	Live Togeth
Spouse/ significant other – working? Divorce pending					
Other individuals in household					
Relationship to you - working?	Hours neede	d for ICCP:			
Childcare – ICCP					
Health - Behavioral Juvenile legal issues					
Other parent					
Custody issues Should you be paying/receiving child support?		***************************************			
ABAWD or NCPP					

	House	Apartment	Mobil Home	Other
	Own/buy	Rent	Live w/ family	Referred -housing
Cost per month – how do you pay				
Applied for Housing/Gave application?				
Health				
Limitations				
Daily medications				
Doctor note/possible exemption Voc Rehab referral				

EVER USED	
EVER ARRESTED OR CHARGED WITH CRIME	
PENDING COURT DATES	
PROBATION/PAROLE OFFICER'S NAME	
Conditions of probation/parole	
WHAT DO YOU DO FOR TRANSPORTATION	

ATTACHMENT F

```
***** EPICS SYSTEM - H & W *****
  HWLA661N
                                                                            HWLA661M
  JAN 9,02
                      - WKSH MONTHLY PARTICIPANT WORKSHEET -
                                                                            6:28 PM
 CASE NAME: DRIVER, MIKELENE J
CLIENT...: DRIVER, MIKELENE J
                                                                CASE NUMBER: 523067
                                                                CLIENT...: 0532740
                                                                MONTH....: 200112
       WORK ACTION STEP
                              HOURS ATTENDANCE WEEKS
                                                          WCR
                                                                TOTAL HOURS...: 10
  EMPL UNSUBSIDIZED EMPLOY
  PRIV SUBSIDIZED PRIVATE
  PUBL SUBSIDIZED PUBLIC
                                                         _4.41 DEFAULT____
 WKOP WORK OPPORTUNITIES
 COMM COMMUNITY SERVICE
  SRCH WORK FINDING ACTIV
  EDUC EDUCATION
                               _10
 PREP EMPLOYMENT PREP ED
 VOTR VOCATIONAL TRAINING
  OTHR OTHER
 CANNOT FIND CHILD CARE THIS MONTH: N (? FOR HELP)
 CARING FOR DISABLED PERSON: N SASSI REASON: _
                                                     (? FOR HELP)
                                                                        NEXT=>
415■
                     F:00.3
                                                                              09/31
```

TAFI Monthly Participant Worksheet (WKSH)

This screen is a pre-existing TAFI Worksheet screen. No changes are being made to this screen. It is being included in the series of screens to show the entirety of the EWS system and to aid in understanding navigation.

ATTACHMENT G

IDAHO WORK VERIFICATION PLAN

RUN DATE: 09/15/06 PRELIMINARY TAFI PARTICIPATION RATE BY

CLIENT 200608

REGION VOTR	: 5 OJTR OTHR	EMPL TOTAL AL FM	PRIV 2-PR	_	WKOP	COMM	SRCH	EDUC	PREP	TRNG
	VISOR: MINER:									
309.00	CASE: 693153	FAI	т.						BENEFIT	AMT:
	CLIENT: 1500 0 0	993 0	0	0	0	0	0	0	0	0
	CASE: 098203								BENEFIT	AMT:
309.00	CLIENT: 0228	PAS 753 193	ន 0	0	0	0	0	0	0	0
0		97	Ū	J	ŭ	J	J	J	Ū	J
200 00	CASE: 701165		-			APP DA	ATE: 200	60801	BENEFIT	AMT:
309.00	CLIENT: 1514	FAI 070 65 94	0	0	0	0	13	0	0	0
						גם ממג	200	060014	BENEFIT	3 MT -
173.00	CASE: 552200	FAI	L			APP DA	ATE: ZUC	060814	BENEFIT	AMT:
0	CLIENT: 1234 0 0		0	0	0	0	0	0	0	0
	CASE: 440361								BENEFIT	AMT:
309.00	CLIENT: 0810	FAI 210 0	L 0	0	0	0	40	0	0	0
0	0 79 1		Ū	J	J	· ·		Ū	· ·	ŭ
EXA	MINER TOTALS:	258	0	0	0	0	53	0	0	0
0	0 99 4	10 0.20 0.0	0 :	2						
EXA	MINER: -								DENIERTM	3.16m ·
163.00	CASE: 509052	FAI	L						BENEFIT	AMT:
31	CLIENT: 1148 0 1		0	0	28	0	8	0	0	0
	CASE: 612628					אם ממג	.TE. 200	60001	BENEFIT	7 MT •
61.00		FAI								
0	CLIENT: 0050 0 0		0	0	0	0	0	0	0	0
	CASE: 323470					מח מסמ	ΔTE• 200	60801	BENEFIT	ΔМΤ•
240.00		FAI		_	_					
0	CLIENT: 0252 0 22		0	0	0	0	19	0	0	0
	CASE: 615207					APP DA	ATE: 200	60801	BENEFIT	AMT:
309.00	CLIENT: 0201	FAI 294 0	L 0	0	0	0	0	0	0	0
0	0 0	0	•	•	,	-	-	-	-	-

CASE: 187829							BENE	FIT AMT:	:
309.00	FAIL								
CLIENT: 0405379	0	0	0	0	0	20	0	0	0
0 0 44 64									
CASE: 532682	PASS						BENI	EFIT AM	Γ:
CLIENT: 0976576	2	0	0	48	0	54	0	0	0
2 0 1 107	-	Ū	Ü	10	Ū	31	Ü	Ū	·
EXAMINE									

ATTACHMENT H

ATTACHMENT IDAHO WORK VERIFICATION PLAN

WLRNW3P-2 STATE OF IDAHO 16

DEPARTMENT OF HEALTH AND WELFARE RUN DATE: 09/01/06 FINAL TAFI PARTICIPATION RATE BY CLIENT 200607

REGION:	EMPL	PRIV	PUBL	WKOP	COMM	SRCH	EDUC	PREP	TRNG	yotr	OJTR	OTHR	TOTAL	L AL FM	2-PR NO	ONE
SUPERVISOR: -																
EXAMINER: -																
CASE: 085867								BENEFIT	AMT: (0.00				PASS		
CLIENT: 0085206	0	0	0	0	0	137	0	0	0	37	0	14	188			
CASE: 490052								BENEFIT	AMT: (0.00				PASS		
CLIENT: 0020230	88	0	0	0	0	35	0	0	0	0	0	0	123			
CASE: 500789								BENEFIT	AMT:	0.00				PASS		
CLIENT: 1131139	35	0	0	0	0	72	0	0	0	15	0	20	142			
CASE: 672258								BENEFIT	AMT: (0.00				12WK		
CLIENT: 1461946	66	0	0	0	0	1	0	0	0	0	0	36	103			
CASE: 139986								BENEFIT	ΔΜΤ• (0.00				FAIL		
CLIENT: 0313035	0	0	0	0	0	0	0	0	0	0	0	253	253	11111		
CASE: 650782						TE: 200		BENEFIT						FAIL		
CLIENT: 0259291	6	0	0	0	0	47	0	0	0	32	0	4	89			
CASE: 566180								BENEFIT	AMT: (0.00				FAIL		
CLIENT: 1038688	0	0	0	0	0	67	0	0	0	0	0	28	95			
CASE: 656616								BENEFIT	AMT: (0.00				PASS		
CLIENT: 0582943	25	0	0	147	0	0	0	0	0	0	0	0	172			
CASE: 637523								BENEFIT	AMT: (0.00				FAIL		
CLIENT: 1279944	78	0	0	0	0	26	0	0	0	0	0	6	110			
CASE: 634197								BENEFIT	'AMT:	0.00				PASS		
CLIENT: 0007619	0	0	0	0	0	0	0	0	0	185	0	0	185			
CASE: 661102								BENEFIT	AMT: (0.00				PASS		
CLIENT: 1440847	48	0	0	18	0	74	0	0	0	0	0	25	165			
CASE: 534703								BENEFIT	AMT: (0.00				PASS		
CLIENT: 1199302	122	2	0	0	0	0	0	0)	0	0	0	122	

ATTACHMENT I

Client Name:			Client Id:					
			MW Case :					
Was the referral made in the correct hierarchy category? Y N								
Did the contractor change to correct category? Y N NA								
TAFI			TAFI	TRNS				
(DHW Referral)								
Service	Category (circle c	ategory billed for re	eview month)					
Screening								
Comments:								
MANDATORY REQUIRE Timelines: use Y, N or NA		→						
Participant seen with in 5 b	usiness days	Narratives						
If not, good cause/EC Narro	ıtive?							
Assessment: use Y, N or	N A	→						
PRC plan individualized Narratives								
Assessment completed		EWS System dat	ta entered					
SASSI completed (TAFI)		Plan addresses t	ederal hours (TA)	F I)				

Case Management: use Y, N or NA

PRC plan- Updated as appropriate	WOPR hours meet State and/or
	Federal guidelines
Verification of Participant activities (time sheets)	Employment Information Confirmed
WOPR hours balance with timesheet, keyed and in correct component	Counter is keyed, if applicable
Supportive Service Vouchers Completed Correctly	Sanctions implemented timely and DHW informed
Supportive Service Vouchers within spending limits for participant category	EWS system updated and current
Narratives	

Error! Not a valid link.Job Readiness: use Y, N or NA Records document service/Timelines Certification of completion Objectives developed Attendance/Participation verified Comments: _____

Timelines:	File	meets	does not meet contract
standards			
Assessment:	File	meets	☐ does not meet contract
standards			
Case Management:	File	meets	does not meet contract
standards			
Job Readiness:	File	meets	does not meet contract
standards			

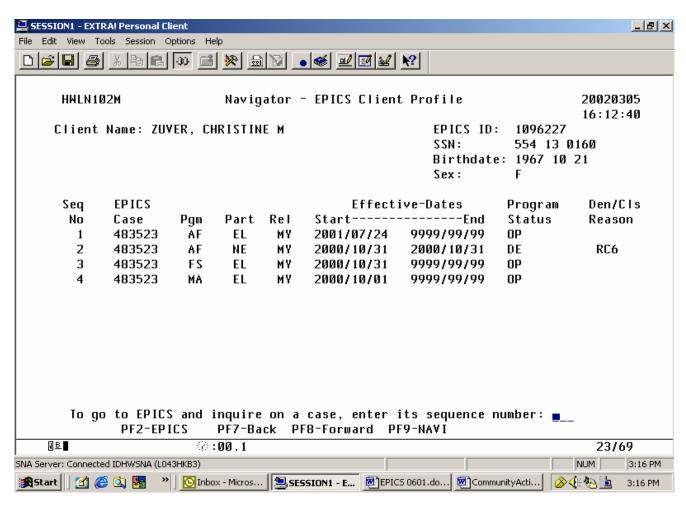
Response required? Y N

EWS ACTIVITY CODES						
PROGRAM	CODE	ACTIVITY (CODING CHART FOR HW066)1				
TAFI	СОММ					
		COMMUNITY SERVICE				
TAFI	SRCH	WORK FINDING ACTIVITIES				
TAFI	EMPL	UNSUBSIDIZED EMPLOYMENT				
TAFI	WKOP	WORK OPPORTUNITIES				
TAFI	PRIV	SUBSIDIZED PRIVATE SECTOR EMPLOYMENT				
TAFI	PUBL	SUBSIDIZED PUBLIC SECTOR EMPLOYMENT				
TAFI	VOTR	VOCATIONAL TRAINING (12 MONTH LIFETIME LIMIT)				
TAFI	OJT	ON-THE-JOB-TRAINING				
TAFI	TRNG	JOB SKILLS TRAINING DIRECTLY RELATED TO EMPLOYMENT				
TAFI	EDUC	SATISFACTORY ATTEND @ SECONDARY SCHOOL/OR GED				
TAFI	PREP	EMPLOYMENT DIRECTLY RELATED TO EMPLOYMENT				
TAFI	OTHR	OTHER ACTIVITIES				
TRNS	TRSV	TRANSITIONAL SERVICES				

SUPPORTIVE SERVICE CODES						
CODE	PAYMENT TYPES	CODE	PAYMENT TYPES			
	AUTO REPAIR	LO	CLOTHING			
AC						
ЕВ	BOOKS	ОМ	OTHER MISC. SERVICES			
EC	NON-CONTRACTED COUNS	SELING TA	TOOLS AND EQUIPMENT			
EF	FEES	ТР	TELEPHONE INSTALLATION			
EM	MISC. EDUCATION/TRAININ	IG TN	TRANSPORTATION			
EO	NON-CONTRACTED ONE-O MENTORING	N-ONE VG	VISION/GLASSES – not covered by Medicaid			
ET	TUITION	XE	CONTRACTED EDUCATION/TRAINING			
LI	LICENSURE FEES (no union dues)	/trade XS	CONTRACTED SERVICES			

Month	Year	Working Days	30/Week Minimum Monthly	30/Week Maximum Monthly	35/Week Minimum Weekly	55/Week Minimum Monthly	35/55/Week Maximum Monthly
January	2006	21	126	168	147	231	336
February	2006	19	114	152	133	209	304
March	2006	23	138	184	161	253	368
April	2006	20	120	160	140	220	320
May	2006	22	132	176	154	242	352
June	2006	22	132	176	154	242	352
July	2006	20	120	160	140	220	320
August	2006	23	138	184	161	253	368
September	2006	19	114	152	133	209	304
October	2006	21	126	168	147	231	336
November	2006	20	120	160	140	220	320
December	2006	19	114	152	133	209	304
January	2007	21	126	168	147	231	336
February	2007	19	114	152	133	209	304
March	2007	22	132	176	154	242	352
April	2007	21	126	168	147	231	336
May	2007	22	132	176	154	242	352
June	2007	21	126	168	147	231	336
July	2007	21	126	168	147	231	336
August	2007	23	138	184	161	253	368
September	2007	19	114	152	133	209	304
October	2007	22	132	176	154	242	352
November	2007	20	120	160	140	220	320
December	2007	20	120	160	140	220	320

January	2008	22	132	176	154	242	352
February	2008	20	120	160	140	220	320
March	2008	21	126	168	147	231	336
April	2008	22	132	176	154	242	352
May	2008	21	126	168	147	231	336
June	2008	21	126	168	147	231	336
July	2008	22	132	176	154	242	352
August	2008	21	126	168	147	231	336
September	2008	21	126	168	147	231	336
October	2008	21	126	168	147	231	336
November	2008	18	108	144	126	198	288
December	2008	21	126	168	147	231	336



F2 – EPICS will display all case participation for the selected individual.

AP – applying for themselves NE – Not eligible

NA – not applying OU – moved from the household ST – Step parent PA – minor parent's parents

SS – SSI child PS – postsecondary ineligible student

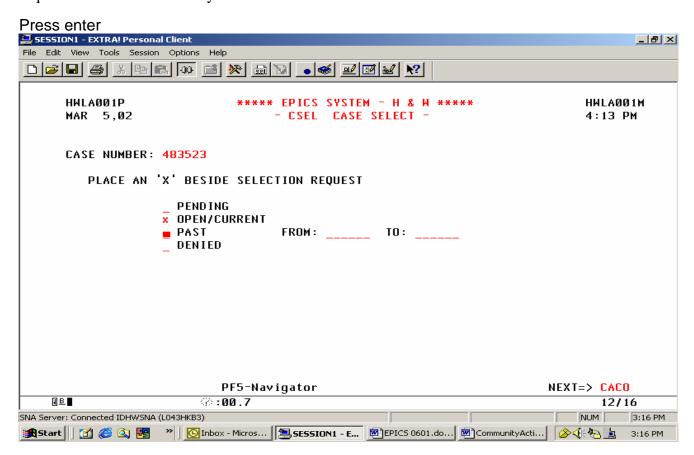
SA – SSI adult RM - retro medical

BU – Budget unit only DF – Disqualified for Fraud DQ – Disqualified for quitting a job DS – Failure to provide SSN

EP – Essential person IS – Ineligible spouse

IP – Incapacitated person

To view specific case information select the open involvement or the most recent involvement. Food Stamps or TAFI cases will have the most current and accurate information. Type the sequence number of the case you want to view.



Select appropriate status

SR staff

Status: PA = pending application

DE = denied OP = open

CL = closed (Past participation) you must enter the timeframe the household received benefits in the from and to fields.

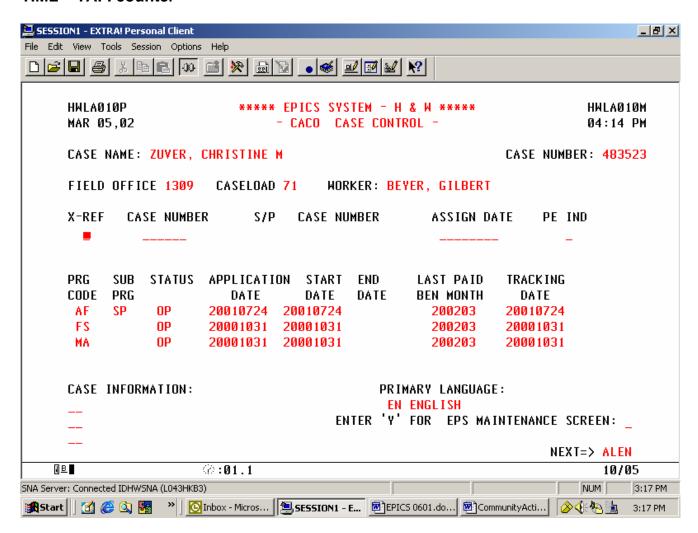
To navigate to specific screens type the screen name in the "NEXT Field" located at the bottom right hand of the screen. You will be able to tab or use your mouse to navigate to the field on the screen.

CACO – SASSI indicator for scoring high or refusing to complete the SASSI ALEN – Alert screen used to share non-compliance or work related issues with

CLRE – SASSI indicator for scoring high or low (refusing is H)

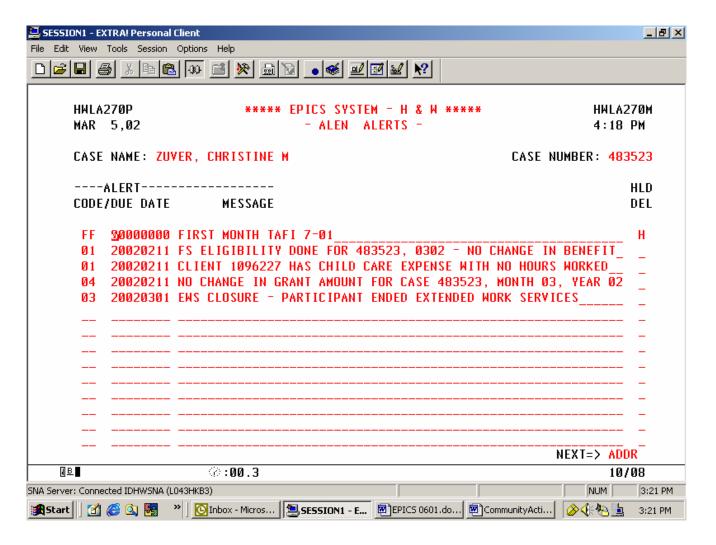
UNWP - Food Stamp and TAFI work codes, ABAWD indicator, & ABAWD months

NARR – Narrative screen, add, modify, or view case information AFPI/AUPI – TAFI/Medicaid approval screen – view TIML for TAFI months used TIML – TAFI counter



Case information field will need updated for all individuals scoring high on the SASSI or refusing to complete the SASSI.

Type in "SA" on the first available line and press the "F3" key.

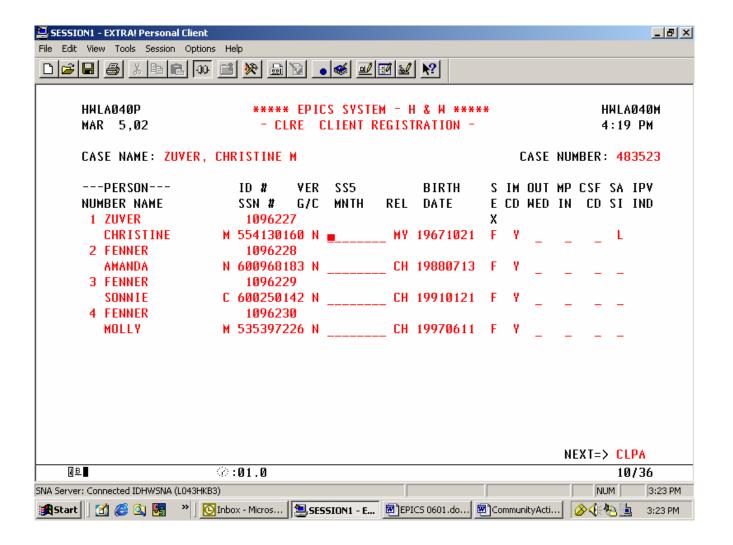


FF - allows you to free format an alert in the code field

Due Date field — enter the current date in year/month/day format

HLD/DEL — place a H to hold an alert for the SR worker place a D to delete the record if created by mistake

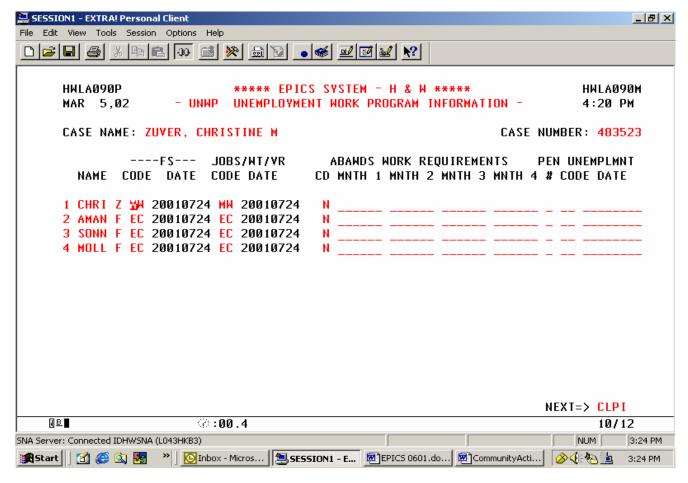
[&]quot;F3" to refresh the screen



SA/SI field will need keyed for all TAFI participants when a SASSI is completed.

H - High score

L - Low score



FS CODE/DATE field will indicate if an individual is mandatory to participate in work programs, exempt, or disqualified for Food Stamps.

JOBS/WT/VR/DATE field will indicate if an individual is mandatory to participate in work programs or disqualified for TAFI. (Cash Assistance)

```
EE – employed EC – child under 18 ED – caretaker of child under 6
```

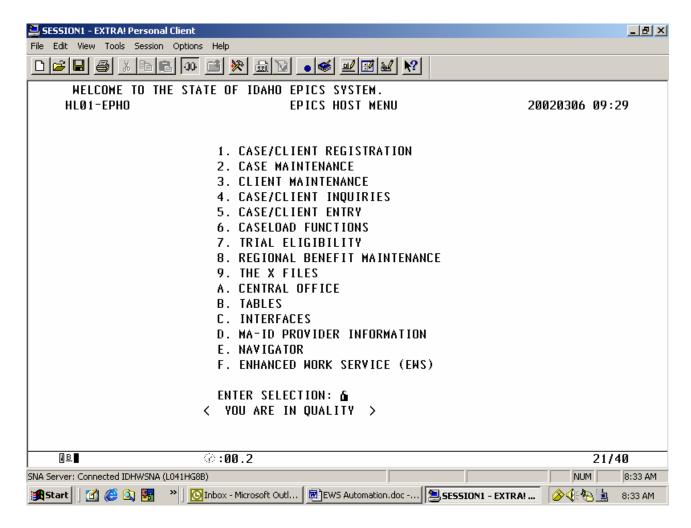
EI – disabled EO – 65 or older EP – pregnant

ES – FT student EU – UIB FC – failure to comply with EWS

FJ – failure JSAP MW – mandatory work

CD field will indicate if the individual is an ABAWD: A = ABAWD or N = NON-ABAWD

ABAWD Months fields are keyed the following month after Food Stamps are received and the ABAWD requirement is not meet.



Enhanced Work Service – EWS

Entry into the Enhanced Work Services system can be accomplished in two places. The most obvious is by way of a new menu option on the EPICS Host main menu (HL01). Option F – Enhanced Work Services will take the User directly to the EWS system main menu. An alternate way to enter the EWS system is via Navigator.

Type an "F" in the enter selection field

Press the enter key

EWS PARTICIPANT REFERRAL/MAINTENANCE (EWPR)

HWLW020P ***** EPICS SYSTEM - H & W ***** December 2005 -EWPR EWS PARTICIPANT REFERRAL/M	HWLW020M AINTENANCE - 10:40AM			
SMITH, JOHN M WORK CODE: : MW 2005 1218 TAFI:	PARTICIPANT #: 0470231 SSN: 548-88-1061 DOB: 12/04/1955			
* PARTICIPANT CATEGORY: CATEGORY START CATEGORY END _	OF 			
ABAWD INDICATOR: _ WAIVED AREA: _ START:	_ END			
DEFERRAL *CODE START END				

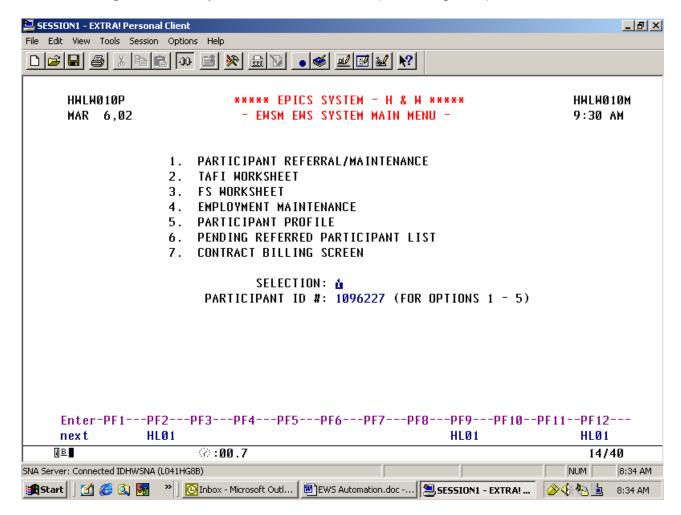
The purpose of this screen is to refer and enroll Participants in Enhanced Work Services (EWS). The screen is divided into three distinct pieces.

- The top third identifies the Participant and is displayed on all EWS Participant-level screens.
- The center section of the screen is scrollable and contains fields which identify services the Participant will be eligible to receive, which types of activities the Participant must be involved in. The fields included in the scrollable section are the PARTICIPANT CATEGORY, and the CATEGORY START and END date fields. Twenty (20) records will be stored. To scroll the center portion of the screen use PF7 or PF8. The most current record will display and be called record number 1. Records will be stored in descending order.
- The bottom portion of the screen shows the Appointment/Enrollment, Service plan dates and specifics about Participant closure in the EWS system.

Multiple users may key this screen.

The *referring* User will key the PARTICIPANT CATEGORY and CONTRACT # along with other fields necessary for the specific Participant such as the ABAWD INDICATOR. When the required information has been keyed, the DATE REFERRED field is populated by the system.

The **enrolling** User will key the CONTACT DATE (screening date) and other dates



EWS Main Menu (EWSM)

If the User wishes to select an option dealing with a specific Participant (Options 1-5), the Participant's ID # must be entered. If the User does not know the PARTICIPANT ID #, the User must inquire in the EPICS system using either CLIENT INQUIRY in Option 4 or NAVIGATOR, Option E, both options are located on HL01.

If the User has come to the EWS System Main Menu after inquiring on the participant on Navigator and pressing PF6, the Participant's ID number will be already loaded in the PARTICIPANT ID # field.

🔁 SESSION1 - EXTRA! Personal Client	_ & ×
File Edit View Tools Session Options Help	
HWLA912P ***** EPICS SYSTEM - H & W ***** MAR 6,02 - NARRATIVES -	HWLA912M 8:36 AM
*ACTION (A,B,C,D,M,N,P) \\ CASE NUMBER: 483523 TYPE: MI TIME: DATE: SUBJECT:TEXT:	
Enter-PF1PF2PF3PF4PF5PF6PF7PF8PF9PF10PF	11PF12
confm help retrn quit flip pref	main
□B■	05/29
SNA Server: Connected IDHWSNA (L041HG8B)	NUM 7:40 AM
Start Mark Microsoft Outl EXTRA!	🏂 🌓 💁 7:40 AM

Narrative screen

ACTION CODES

 \overline{A} = add a new narrative B = Browse at all narratives entered

C = Clear screen D = Display

M = Modify a narrative keyed that same day

N = Next available narrative

P = Purge a narrative keyed that same day

TYPE field: EW for work service related narratives.

Type a "B" over the "N", press the enter key to display all listed narratives. Browse allows you to see all narrative subject lines and the dates entered.

Priority narratives are listed first in the order they are data entered – most recent entry first. Miscellaneous narratives are listed after priority narratives in order from most recent entry to lasted entry. PF7 and PF8 keys allow you to scroll through the browse screen.

Move your cursor to the narrative you wish to view and press the enter key. Continuing to press the enter key will move you through each displayed narrative entered prior to the narrative you originally displayed.

To return to the case press the F2 key.

ATTACHMENT J

IDAHO'S INFORMATION TECHNOLOGY STANDARD TESTING PROCESS

The standard protocol for implementing a new report or for enhancing an existing report begins with documenting requirements. In the case of the TANF 199 report, the ACF establishes the reporting requirements. Next, business experts from the Div of Welfare business office, together with system experts from Information Technology Service Division (ITSD) work together to determine how each requirement will be satisfied. The requirements and solutions to satisfy the requirements are documented in the Requirements Specification (RS). A walk-through of the RS is conducted to answer any questions and to insure a common understanding of requirements/solution. The design phase begins after the RS is approved by the Div of Welfare. System experts also develop the test plans for system and User Acceptance testing during this phase. The design phase concludes once the deliverables are reviewed and approved by the Div of Welfare.

The design deliverables are used during the next phase of construction. The developer doing the construction performs unit tests to insure their coding performs as designed. System testing begins once the developer releases their coding for testing. System experts use the test plans developed during earlier phases to conduct the tests for each requirement. Any coding bugs identified are reviewed with the developer and rework begins. The developer releases new code that is retested by the system experts. This cycle is repeated until all defects are removed. A thoroughly tested product is now ready for User Acceptance Testing (UAT). UAT gives the Div of Welfare the opportunity to give their final okay of the product. Minor bugs may be identified in this phase, fixes coded and tested before the final report is released.

System experts know the results of testing are correct because they are traceable back to each documented requirement.

STATE OF IDAHO DEPARTMENT OF HEALTH AND WELFARE COMMUNITY SERVICE MEMORANDUM OF AGREEMENT

This agreement is entered into	between	the Idaho	Department	of Health	and	Welfare
(the Department) and						(the
Sponsor.)						

In areas where there is no contractor, the Department will assume duties specified for the contractor in this agreement.

It is agreed by and between the parties as follows:

- 1. The Sponsor provides Community Service to participants in the Community Service activity of the Temporary Assistance for Families in Idaho (TAFI) Program, the Job Search Assistance Program (JSAP), and for other individuals referred by the Department of Health and Welfare.
- 2. The Sponsor assures the placement of Community Service participants will not result in displacement of currently paid employees, including partial displacement.
- 3. The Sponsor understands that the number of hours of participation cannot exceed the family's TAFI grant minus child support divided by the federal minimum wage. The family's Food Stamp allotment may be counted in the hours work if placed in a non-profit or public agency site. The contractor will calculate the maximum number of hours the participant can be required to participate each month and notify the Sponsor. Participants cannot be required to participate over forty (40) hours in one week.
- 4. The Sponsor understands that Community Service participants are not paid.
- 5. The Sponsor agrees that if the Sponsor allows additional hours of participation, the Sponsor will pay federal minimum wage to the participant for those hours and be responsible for all payroll and functions for those additional hours.
- 6. The Sponsor understands that Community Service participants are not entitled to a job after the project is completed.
- 7. The Sponsor will comply with provisions of Title VI of the Civil Rights Act of 1964, as those provisions relate to Community Service assignments.

- 8. The Sponsor understands that Community Service may not in any way be related to political, electoral, or partisan activities.
- 9. The Sponsor understands that Community Service must not violate any existing labor agreement between employees and employer, and may not be developed in response to or in any way associated with the existence of a strike, lockout, or other bona fide labor dispute.
- 10. The Sponsor understands that Community Service must comply with applicable health and safety standards.
- 11. The Sponsor agrees to keep confidential that Community Service participants are recipients of Department of Health and Welfare assistance. The Sponsor agrees to provide all information needed by the Department of Health and Welfare and the State Insurance Fund regarding placements and workers' compensation.
- 12. The Sponsor acknowledges that Community Service participants are not employees of the Sponsor and are not entitled to benefits provided regular employees (e.g., vacation, sick leave, and pension) except as to the hours of participation in excess of those authorized by the Department. The Sponsor is entitled to all protections and immunities granted under the Idaho Workers' Compensation Act.
- 13. The Sponsor agrees to provide training on safety to the same degree that other workers are trained. The Sponsor has a written commitment that safety and safe work procedures have a high priority.
- 14. The Sponsor agrees to provide tools, equipment, and supplies used by the Community Service participant in carrying out project assignments.
- 15 Community Service participants will not be required to use their personal vehicles while performing project assignment.
- 16. The Sponsor will notify _______, (the Contractor) within 24 hours if a Community Service participant:
 - *neglects assigned tasks, duties or responsibilities;
 - *displays disruptive behavior;
 - *fails to appear at the site without reasonable explanation.
- 17. The Sponsor agrees to allow Community Service participants to attend special classes, job interviews and to seek employment.
- 18. The Sponsor agrees to submit to the Contractor a monthly report of the actual number of hours of participation by each Community Service participant and any other required information related to its role as Sponsor.
- 19. The Sponsor understands the Contractor will maintain contact with the Sponsor for purposes of monitoring Community Service participants' progress.
- 20. The Sponsor understands the Contractor will assist the Sponsor in resolving issues that may arise during participants' participation.

- 21. The Sponsor agrees to give the Contractor prior notification of intent to terminate the participan a Community Service project.
- 22. 9 A. For the duration of the agreement, the public or non-profit Sponsor shall maintain in effect all required insurance in accordance with the terms, times, limits and conditions contained herein.
 - (1) Comprehensive or commercial general liability insurance including personal injury liability insurance (including owned, non-owned and hired vehicles). The policy or policies or endorsements covering any claim arising under the coverage provided in this paragraph shall at minimum have a limit of not less than \$500,000 per occurrence with a combined single limit of \$500,000.

The Sponsor shall provide the Department with a certificate of insurance for this insurance, signed by the insurance agent for the Sponsor. The certificate of insurance must provide the Department with a thirty-day advance notice of cancellation or termination of any insurance coverage.

- (2) The Sponsor must provide workers' compensation coverage for all of Sponsor's employees, if he has employees. The Sponsor agrees to submit copies of their workers' compensation loss history to the Department upon request.
- 9 B. A public or federal agency Sponsor, by signature of this agreement, hereby certifies it is self-insured.
- 23. The Department provides coverage under the provisions of the Idaho Workers Compensation Law pursuant to the provisions of Section 72-230, <u>Idaho Code</u>. The Department of Health and Welfare's Compensation Policy Number 539043 will cover Community Service participants placed in Community Service with the Sponsor.

If a Community Service participant sustains an injury that results in the need for medical care or absence for one or more days, the Sponsor will <u>immediately</u> notify the local Department of Health and Welfare at

, AND the State Insurance Fund at (208) 334-2370. A claim form must be completed and returned to the DHW Office at , within five days of the injury.

24. Indemnification:

A. The Sponsor shall indemnify, defend and save harmless the State of Idaho, and the Department, its officers, agents and employees, from and against all liability, claims, damages, losses, expenses, actions and suits whatsoever, including injury or death of others or any employee of the Sponsor caused by or arising out of the Sponsor's performance, act or omission of any term of this Agreement.

- B. The Department shall indemnify, defend and save harmless the Sponsor, its officers, agents, and employees from and against all liability, claims, damages, losses, expenses, actions and suits whatsoever, including injury or death of others or any employee of the Department caused by or arising out of the Department's performance, act or omission of any term of this Agreement. Nothing in this provision shall extend the liability of the Department beyond that provided in the Idaho Tort Claims Act, Idaho Code 6-901 et seq.
- 25. The Sponsor or Department may cancel this agreement at any time upon 30 days written notice to the other party, specifying the date of termination. Cancellation of the agreement by either party shall terminate the responsibilities of the parties, except that the responsibilities incurred prior to the termination date shall be honored.
- 26. The Sponsor and Department agree to the following special provisions:

Below certify acceptance of the terms and provisions of this Memorandum of Agreement as outlined above.

DEPARTMENT	SPO	NSOR	
Department of Health and Welfare	Name		
Mailing Address	Mailing Address		
City, State, Zip Code	City, State, Zip Code		
Typed Name Authorized Representative	Typed Name Authorized Representative		
Title of Authorized Representative	Title of Authorized Represer	ntative	
Signature of Authorized Representative	Signature of Authorized Representative		
Date	Date		
Conti	ractor		
Name	Telephone Number	Date	

DEPARTMENT OF HEALTH AND WELFARE COMMUNITY SERVICE PROJECT DESCRIPTION						
Contract Number	Job Title					
	Number of Positions					
Site Name	Site Address					
Minimum Qualifications						
Duties to be Performed						
Days, times and hours of project (Example: Monday, Wednesday and Friday, 8 hours per day, from 8 a.m. to 4 p.m.)	Public or Non-Profit Sponsors Only. Worker's Compensation Rate Sponsor would pay for the type of work involved in the project.					
Contact Person	Telephone Number					
Signature of Site Representative	Signature of Site Developer					
Date	Date					

ATTACHMENT K

Data Element: Work Participation Status

Existing work participation rate program will be used to compute work participation.

Calculation is figured per individual against the All Family Standard. Hours per week are calculated using a formula based on the working days for the month. The criteria for countability must be applied:

- If the activity is in EDUC the participant must be under 20 to be treated as countable
- If the activity is in PREP the participant must be under 20 to be treated as countable
- If the activity is in VOTR (or must be treated as VOTR), the VOTR counter must be less than 12.
- If the activity is in SRCH, the SRCH counter for the Federal Fiscal Year must be less than 6. The amount of SRCH countable must not raise the counter above 6.

 **Idaho has been a "Needy State" for the last 14 months, but has chosen to leave the counter at 6 instead of 12. We anticipate not being a "Needy State" in part of 2007. Out system will allow us to move the counter to 12 if we meet the "Needy State" definition of the identified month.

Hierarchy of codes used:

- CODE 7: Adult with IP participation code
- CODE 19: Adult with at least 30 hours/week of countable activity coded.
- CODE 17: Single caretaker of a child under 6 with at least 20 hours/week of countable activity.
- CODE 16: Caretaker under 20 with at least 20 hours/week in PREP.
- CODE 15: Caretaker under 20 with satisfactory attendance in education.
- CODE 1: Single caretaker of a child under 12 weeks with counter less than 12. This code is used when a one-parent family has a child under the age of 12 weeks for the reporting month. When this code is used, the Adult's SINGLE-CARETAKER-EXEMPTION counter on WHLG-CLIENT-BSC will be incremented by one. When the DATE of BIRTH of the new born is entered into our system it triggers the "12 Week" counter for participation purposes. Week 13 the single parent's work participation begins. Idaho has a "12 Week" limit for single parents with a child under 12 weeks for the month (more restrictive than the TANF 12 month's possible exemption).
- CODE 6: Single caretaker of a child under 6 who cannot obtain child care for the month.
- CODE 18: Adult with activity keyed, but insufficient countable hours to meet any
 of the above criteria.
- CODE 14: Adult with no activity coded who does not meet any of the above criteria.

Other codes:

- 02: Not applicable
- 03: Not applicable
- 04: Not applicable
- 05: Not applicable.
- 06: WOPR default N must be changed to Y
- 07: SP or NP who is 'IP'
- 08: Not applicable
- 09: Not applicable
- 10: Not applicable
- 11: Not applicable
- 12: Not applicable
- 13: Not applicable
- 14: Zero hours on WOPR or no worksheet found
- 15, 16, 17, 18, 19, and 99 in Idaho are applied the same as for TANF 199 instructions

Adult Work Participation Activities:

For elements 49 through 62, the average hours in each work activity will be computed by the existing work participation rate.

Idaho does not have any waivers related to TANF work participation

EMPL Unsubsidized Employment PUBL Subsidized Public-Sector Employment

PRIV Subsidized Private-Sector Employment

OJT On–the-job Training

SRCH If hours re used to meet work participation requirements in SRCH, then the number of weeks needs to be updated on the client's Client-basic records:

WOPR-SRCH-WEEKS

Any amount of hours that are keyed in search for any week will count as a week. When the system calculates the weeks and the counter hits 6 it will not calculate any additional time in SRCH/Readiness. The time will automatically be moved to OTHER. For each week in which an adult (or minor head-of-household) exceeds any of these limitations, EPICS uses "0" as the number of hours in calculating the number of hours per week of job search and job readiness, even if the participant may be engaged in job search or job readiness activities.

The SRCH/Readiness counter starts every October 1st and ends September 30th of the following year.

COMM Community Service Programs

VOTR

Vocational Educational Training – If hours are used to meet work participation requirements in VOTR, then the number of weeks will be updated on the client's Client-basic records:

WOPR-VOTR-MONTHS

Everything in VOTR is tracked by participant number not case number. The VOTR counter will display to the correct number of months for that participant. The VOTR counter gets incremented ONLY when the participant meets participation.

If activity in VOTR the VOTR counter must be less than 12. The system will not count participation in VOTR if counter is more than 12. For any adult (or minor child head-of-household) that has his limit, EPICS uses "0" as the average number of hours per week of participation in vocational education training, even if the participant is engaged in vocational education training. The additional participation in vocational education training is coded under "Other". If VOTR hours are used to meet work participation requirements, then the VOTR counter will be updated on the participants Client-basic records: WOPR-VOTR-MONTHS.

Idaho has been tracking countable VOTR months since the beginning of TANF/Welfare Reform, thus no individual can participate in VOTR more than the 12 months lifetime

EDUC

Participant under 20 years old with 20 or more EDUC hours will meet participation requirements.

Participant under 20 years old with Attendance-met = "Y" will meet participation requirements.

PREP

Participant under 20 years old with 20 or more PREP hours will meet participation requirements.

OTHER:

This data element collects information on work activities provided that are beyond the requirements of the statute.

It includes excess SRCH and VOTR hours that were not allowed to be used to meet participation requirements.

It includes SRCH, VOTR, EDUC and PREP hours when the hours were not used by the participant to meet the participation rate.

OTHER INFORMATION:

There is a hierarchy calculated into the system:

WKOP*

COMM*

EMP*

PUBL*

PRIV*

OJT*

SRCH**

VOTR**

If a work activity hour is 'NOT USED' it can mean one of two things:

When "MET" requirement, then the hours will not be added to the total hours for participant and the use of those hours will not be counted against the participant. EXAMPLE: Participant meets minimum hours of participation with WKOP but also has hours of participation for the month in SRCH. The SRCH hours will not be added to the participant hours and will not count as a week of SRCH/READINESS.

When "NOT MET" requirement, then the hours will be added to the total hours for participant, but the use of those hours will not be counted against the participant. Example: Participant does not meet minimum hours of participation with WKOP, COMM and also has hours in SRCH. The SRCH hours would be used to calculate the total number of hours of participation but the SRCH hours would not be counted against the participant because the participant has "NOT MET" the minimum participation requirements.

^{*}All have equal weight in the hierarchy.

^{**}These are applied last because of time limits.